

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>12/8</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		<i>12-14-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/6
2	✓	✓	10/10
3	✓	✓	10/10
4	✓	✓	10/10
5	✓	✓	10/10
6	✓	✓	10/10
7	✓	✓	10/10
8	✓	✓	10/10
9	✓	✓	10/10
10	✓	✓	10/10
11	✓	✓	10/10
12	✓	✓	10/10
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14	✓	✓	10/10
15	✓	✓	10/10
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28	✓	✓	10/10
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47	✓	✓	10/10
48	✓	✓	10/10
49	✓	✓	10/10
50	✓	✓	10/10

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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